DOCUMENT RESUME

ED 033 425 CG 004 629

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TITLE The Processes of Monitored Play-Therapy.
INSTITUTION American Psychological Association, Washington, D.C.; Georgia State Coll., Atlanta. Child Development Lab.
Pub Date Aug 69
Note 11p.; Paper presented at American Psychological Association convention, Washington, D. C., August 31-September 4, 1969

EDRS Price EDRS Price MF-$0.25 HC-$0.65
Descriptors *Aggression, Behavior Change, Behavior Development, Behavior Patterns, *Children, *Constructed Response, *Data Analysis, Data Collection, Models, *Play Therapy, Psychotherapy

Abstract

This paper describes the processes of Monitored Play-Therapy, a method which seeks to measure the changes which may take place over a number of play therapy sessions. The laboratory is in use at Georgia State College in Atlanta and is designed for boys seven through twelve years of age. The Monitored Playroom Laboratory consists of a control booth and two connected playrooms, one with aggressive toys and games, the other with constructive toys and materials. The control booth contains dials which indicate: (1) the time spent by each child in a room, and (2) the time spent with various toys and materials. The control booth also functions as an observation booth and contains the necessary equipment. The major stages which children in Monitored Play-Therapy seem to progress through are: (1) exploratory, (2) aggressive, and (3) constructive. On the basis of these stages, it is possible to chart the process of Monitored Play-Therapy from session to session. These data can then be analyzed in many ways, including (1) number of shots fired from guns in aggressive room, and (2) change of conversation patterns. The next step will be to analyze therapists notes to determine the frequency of different types of activities from the shelf materials. (KJ)

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The Processes of Monitored Play-Therapy[1]

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The purpose of this paper is to describe the processes of Monitored Play-Therapy, a method which seeks to measure the changes which may take place over a number of play therapy sessions. The Monitored Play-Therapy Laboratory is currently in use as a part of Dr. Luciano L'Abate's Child Development Laboratory at Georgia State College in Atlanta. It is designed for boys 7-12 years old, which is the age and sex of the majority of the referrals received at the Child Development Laboratory.

The next speaker will describe in detail how each child is assessed both before and after therapy. Furthermore, each therapist is also assessed with the California Psychological Inventory and Bass' Orientation Inventory.

The Monitored Playroom Laboratory consists of a control booth and two connected play rooms, one with aggressive toys and games, the other with constructive toys and materials (Fig. 1).

The control booth contains wall mounted dials which keep running totals of how much time the child spends in each room and also the times spent with various toys and materials in each room. Since this information is automatically fed to an 1800 IBM data acquisition computer, there is also an information input panel for sending data to the computer concerning the date, session number, and identifying information concerning the child and the therapist. Since the control booth is also an observation booth, it is

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Paper read at a symposium on Current Developments in Monitored Play-Therapy, at the American Psychological Association Annual Meeting Washington, D. C., August 31-September 4, 1969.

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equipped with 2 sets of earphones and on 3 sides has one-way mirror panels. A desk height counter is provided for the observer to use in note taking. Ceiling mounted microphones which are placed throughout the play rooms feed into a tape recorder in the control booth.

The aggressive play room has in it 3 shooting gallery type gun machines. Gun #1 is a machine gun which can be shot at moving figures of cowboys and Indians or at stars. Gun #2 is a rifle which is shot at a steel ball in a variety of positions. Gun #3 is a rifle which may be shot at moving heads or at geometric figures. Each machine shows a running score total. Also in the aggressive room are a wall mounted punching bag and several pairs of boxing gloves (which can be used either for striking the bag or in sparring with the therapist), a target game at which large suction cupped darts are thrown, a target at which small suction cupped darts are shot from a pistol, a pounding pegboard, wood, nails and hammer for pounding (this wood is too thick to make construction possible with the nails provided), small plastic cowboys and Indians, and small plastic soldiers. Table games in this room are all concerned with warfare such as "Hit the Beach", "Battle Cry", and so forth.

In the constructive room there are also 3 machines. These machines which can be played cooperatively with the therapist are a baseball machine, a bowling machine and a slot skill machine. Table games in this room include checkers, chinese checkers, both Junior and regular Scrabble and a moon exploration game. There is a black board with colored chalk and a large variety of productive and creative materials. Among these are blocks in 3 sizes, toy villages to be set up, Lincoln Logs, a large Lego set, and a motorized metal construction set. Forms and plaster for making molds in a variety of designs are provided. There is a Lite-Brite design maker

with both patterns and blank paper for colorful creative designs. Play dough in several colors and real clay are available along with crayons, colored felt tip markers, tempra, water colors, and finger paint.

A large plastic ball can be used in either room according to the way the child wishes to use it and if any of the constructive room toys are used in an aggressive way the child and materials are moved to the aggressive room until the action is completed.

In each room the small toys, games, and materials are stored in shelf units of open drawers. When any drawer is pulled out a microswitch activates a timer and the drawer is left open until the material is returned to it at the end of its use.

The two playrooms are each 12' x 24', sound proof, have no windows and are free of distractions from outside sources. The walls are off-white and floors are of inlaid vinyl in a spatter pattern. There is diffused overhead lighting and the temperature is automatically controlled.

When the first session begins the therapist takes the child on an explanatory tour of both rooms, showing how each machine game is played and demonstrating other toys and materials to be certain that the child is aware of all that is available in each room. (If the therapist begins the tour with child #1 in the aggressive room he begins with child #2 in the constructive room, etc., to counter balance the effect of initial exposure.) After the explanatory tour and at the beginning of each subsequent session the child is brought by the therapist into an outer corridor and allowed to choose which room he will enter to start the session. Light switches in each room activate timers to record time in rooms and the children in these data reported here have been allowed to move freely back and forth between the interconnected rooms throughout the sessions, turning the

lights off and on as he goes. In some future cases we anticipate that after a number of freely-moving sessions a child may be required to spend a predetermined amount of time in one room in order to get into the other room, following Premack's principle of using the behavior with the highest probability of occurrence as a reinforcer for developing desired but less frequently occurring behavior (L'Abate, 1968).

On the basis of a dozen children we have seen thus far, a model of process in Monitored Play-Therapy has emerged. Three major stages seems to describe this process (Fig. 2). (1) Exploratory, in which the child ambivalently and hesitantly looks around and tries out tentatively the toys in both rooms (this phase may last a few minutes or a few months); (2) Aggressive, in which the child spends most of his time (a) shooting (phase of displaced aggression), (b) throwing or hitting kinesthetically (phase of direct aggression) or (c) learns to play with the therapist in aggression--related games (phase of competitive aggression); (3) Constructive, in which phase the child has gotten rid of many of his hostile impulses and can learn to direct his energy toward more productive goals, following 3 identifiable phases of (a) competitive construction, playing of nondestructive games with the therapist (indirect dependent relationship with the therapist), (b) productive construction following given patterns available to him, and (c) creative construction where the child sets his own independent standards and creates without relying on external criteria. The child's production and creations are photographed in color to illustrate progress in the course of therapy and to use as a criterion of improvement.

On the basis of these above mentioned stages and phases it is possible to chart the process of Monitored Play-Therapy from session to session

according to (a) total time spent in rooms (b) time spent on machines and (c) time spent using materials from the shelves. Each session is also tape recorded and the therapist makes a report at the end of each 50 minute session describing the type of activities in which the child has participated and the sequence of events.

These data can be analysed in a variety of ways. Figure 3 shows the average time in minutes in the aggressive room and in the constructive room for 5 subjects (Ss) over 15 sessions of Monitored Play-Therapy, showing the initial phase of exploration where the time spent in aggressive and constructive rooms is nearly equal, the aggressive room peak at session four, and the following rise in constructive room time and drop in aggressive room time. (Before session 14 the children were told that they would only get to come to the playroom one more time after that day.) The time spent playing with machines in each room and the time spent with toys and materials from the shelves can also be charted.

Shooting is considered the most destructive of the aggressive room activities. Figure 4 shows that the average number of shots for 5 Ss over 15 sessions drops dramatically after the first few sessions. Number of shots correlates with time spent shooting for correlation coefficient of .88.

Figure 5 shows the time spent in using toys and materials from the shelves in the constructive room. This is considered to be the most creative and cooperative of the computer monitored measures.

Other analyses are possible from the tapes of each session. One such analysis is of the change in conversation patterns over 15 sessions of Monitored Play-Therapy. Preliminary analysis of one case showed that

during the first session the therapist talked 7 1/2 minutes and the child talked 3 3/4 minutes. As therapy proceeded the therapist's talking decreased and the child's talking increased until by session #15 the child talked 12 1/2 minutes and the therapist only 3 1/4 minutes.

In the future we also expect to analyze the therapists' notes to determine the frequency of different types of activities from the shelf materials. Currently we have in progress a series of 15 sessions for each of several children who spend the 50 minutes in the monitored playroom under the same conditions as those described above with the exception that there is no therapist present. Each child is observed from the booth and notes are made concerning his behavior and activities. Times for machines, shelves and rooms are recorded just as in therapist-present sessions. The two competitive stages will not be present in their playing, but it will be possible to compare the remaining stages with those in therapist-present sessions.

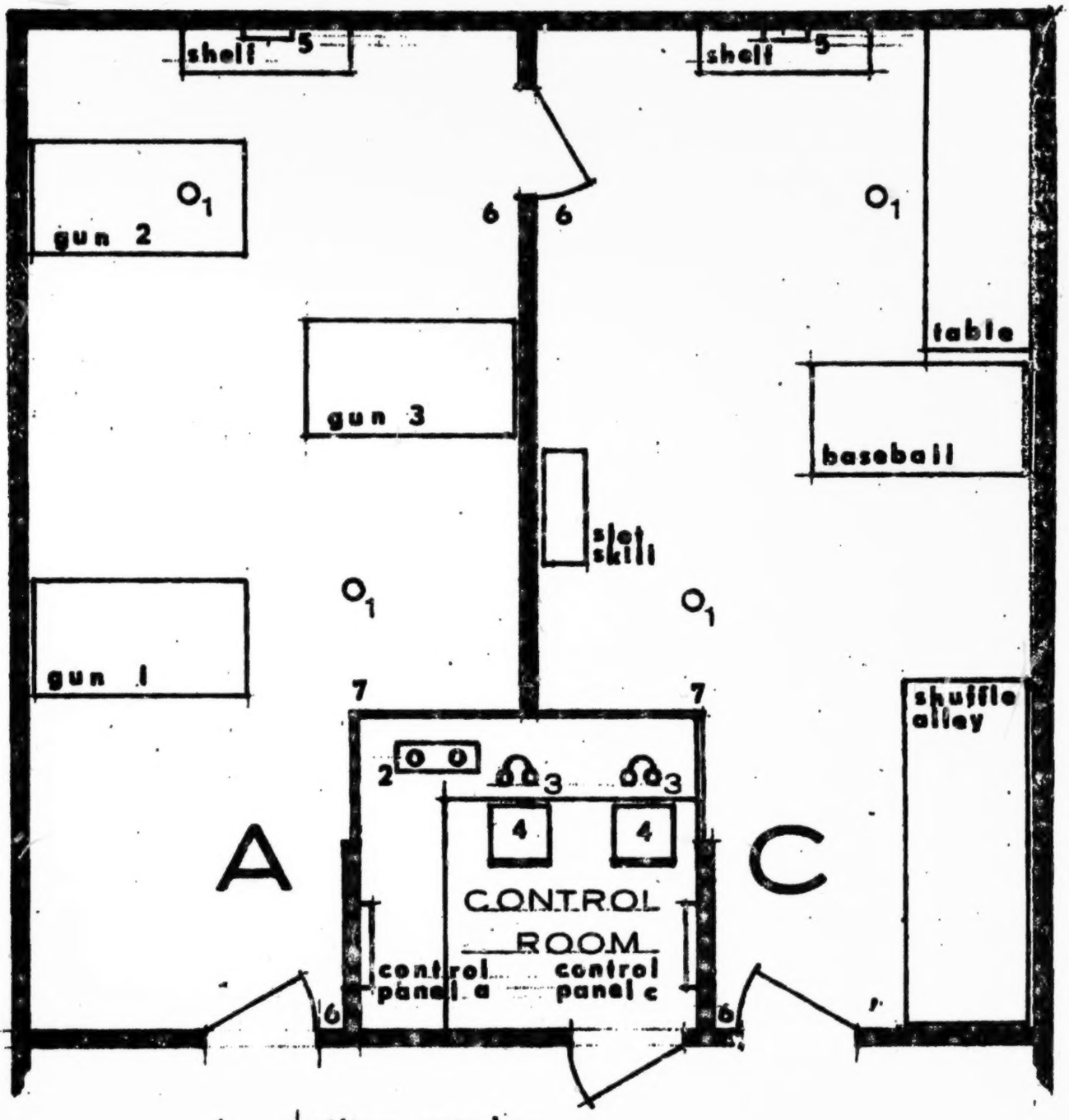
References

L'Abate, Luciano. An Automated Playroom. Paper read at a Workshop on Newer Approaches in Psychological Assessment Techniques, Child Development Clinic, St. Louis University School of Medicine, St. Louis, Missouri, February 29-March 1, 1968.

AUTOMATED PLAYROOM

CHILD DEVELOPMENT LABORATORY

GEORGIA STATE COLLEGE



1 ceiling speaker
2 tapes
3 earphone
4 chair
5 clock
6 light switch
7 one way mirror

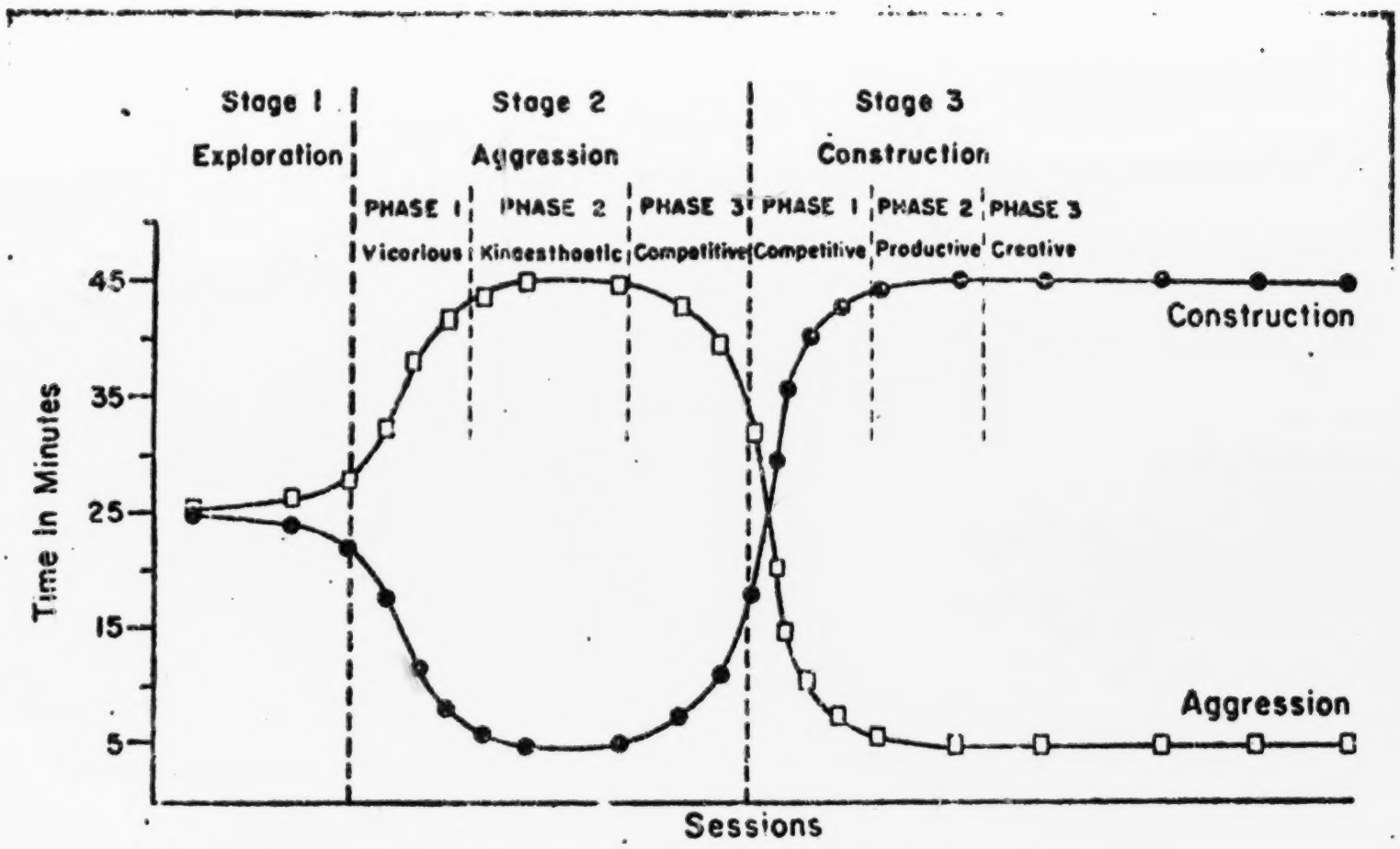


Figure 2. THE PROCESS OF MONITORED PLAY THERAPY

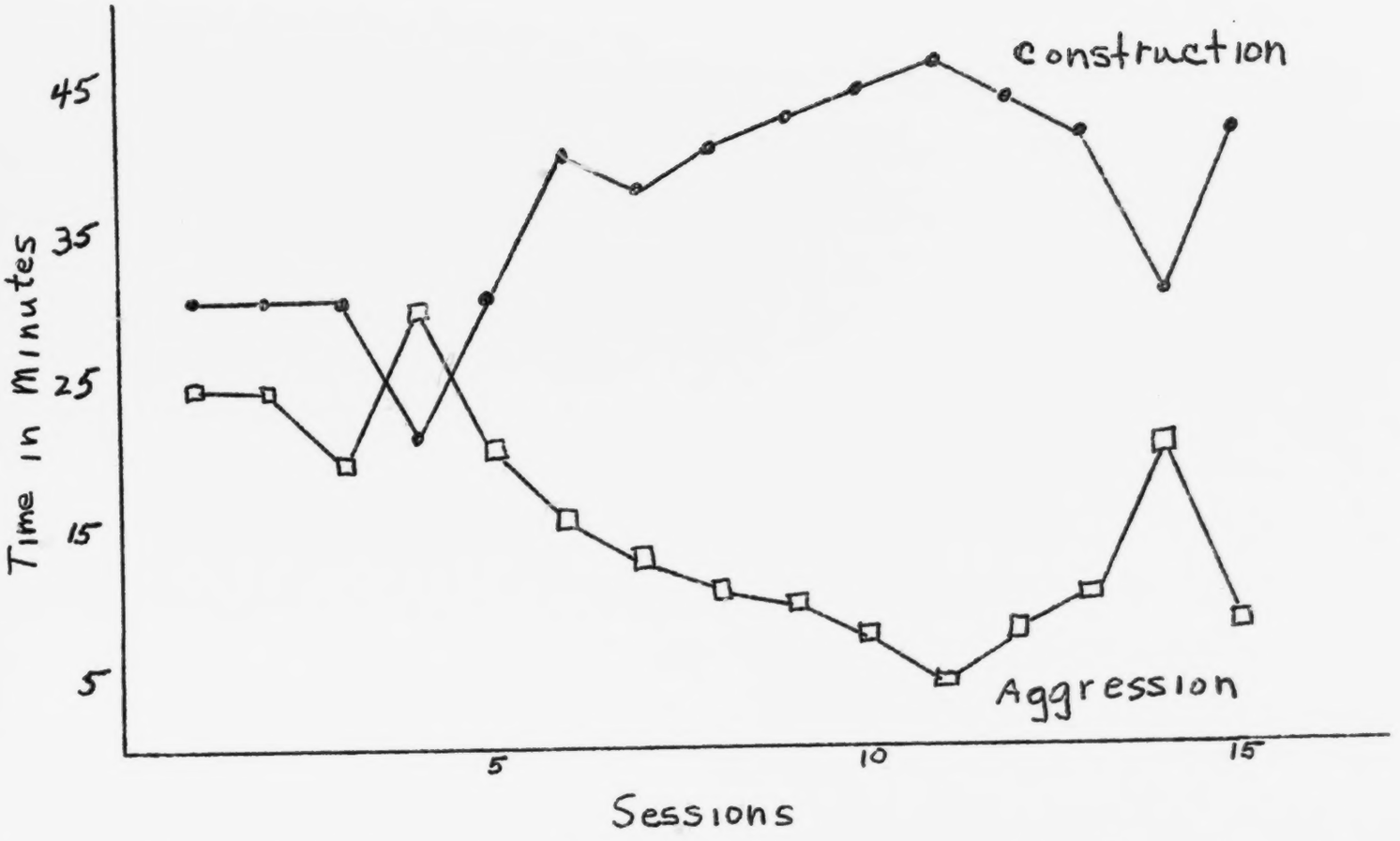


Figure 3. Time spent in aggressive + constructive playrooms.

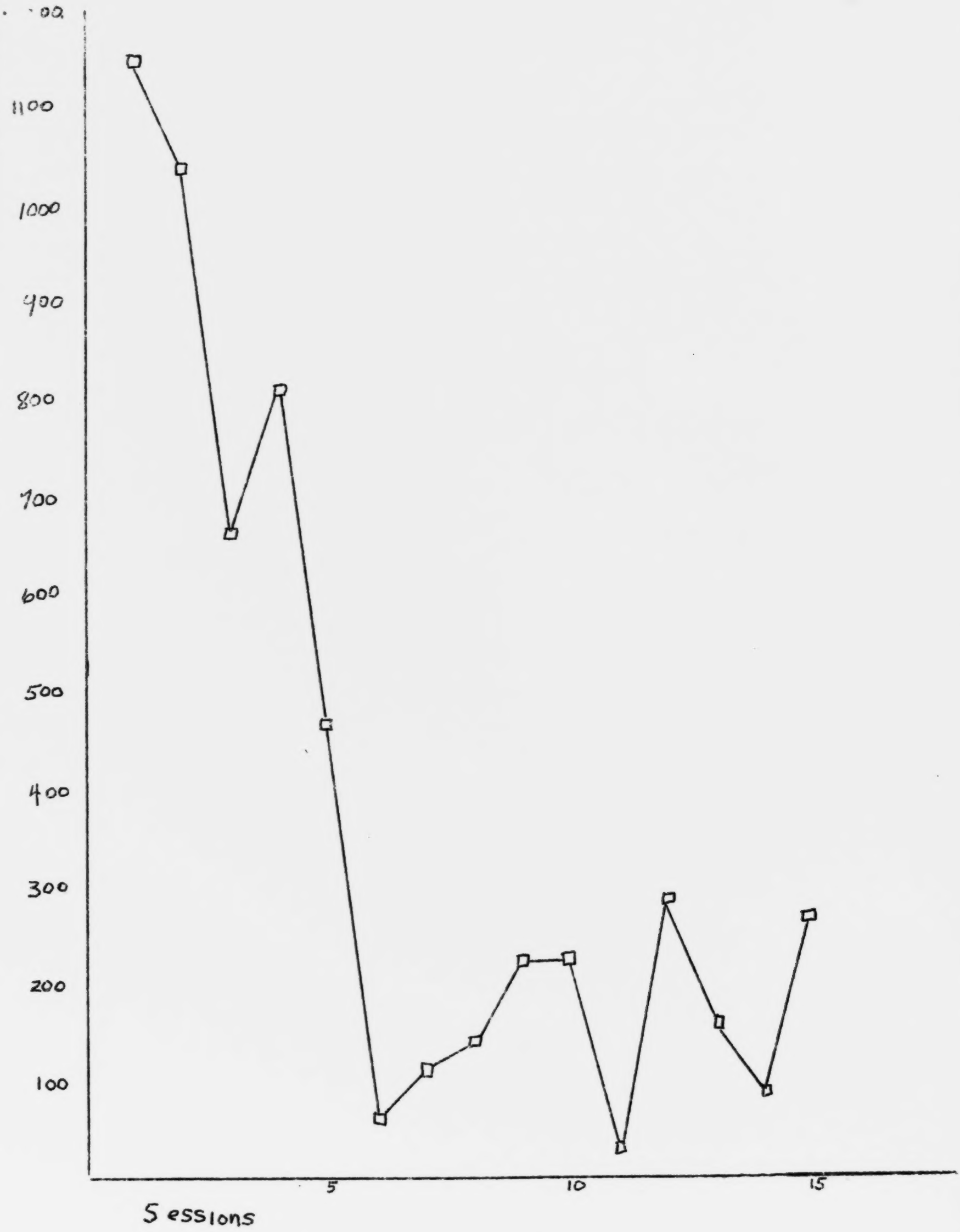


Figure 4. Average number of shots.

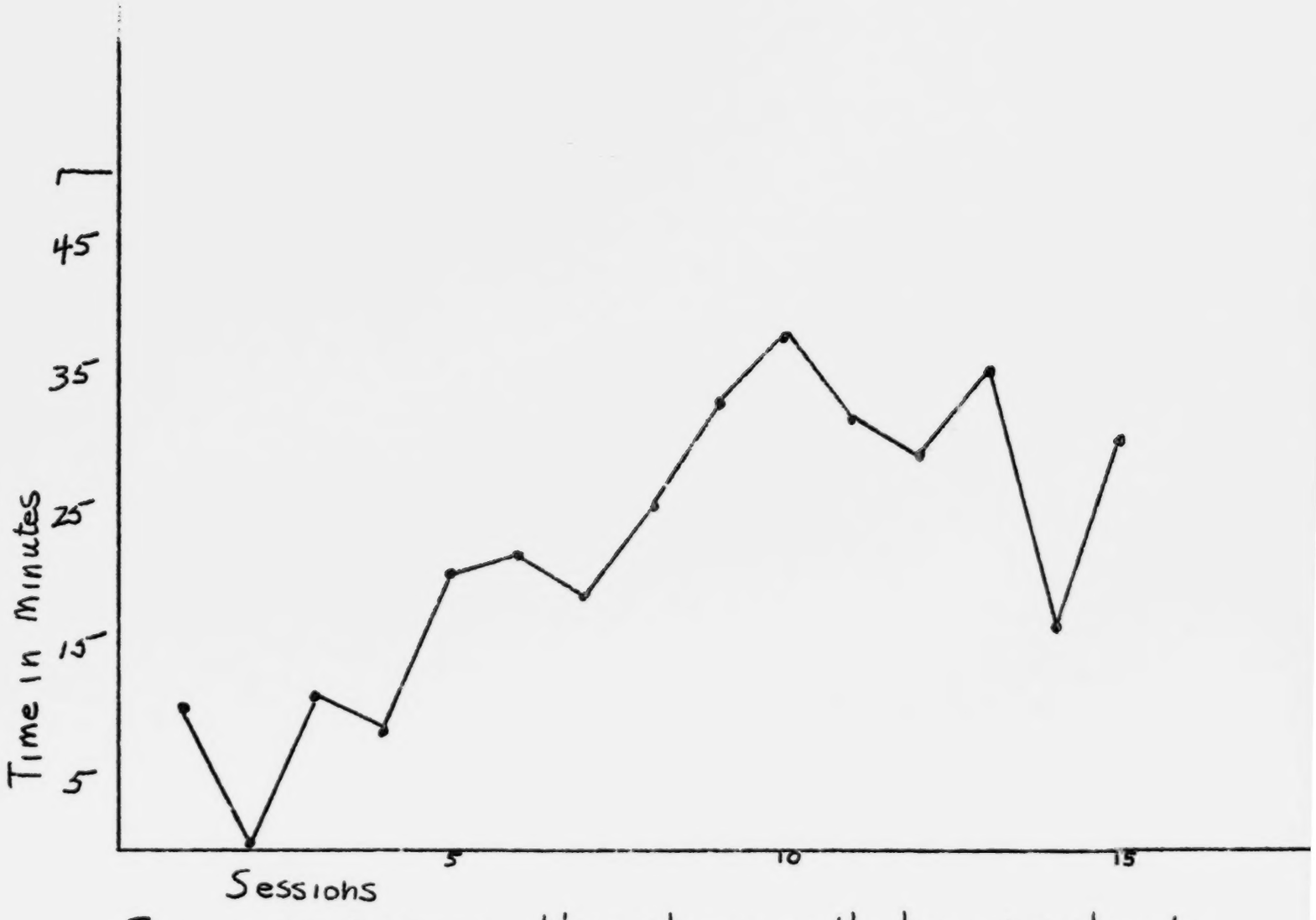


Figure 5. Average time playing with toys & materials from const